

Work Order ID 95673

Wednesday, January 16, 2013 12:57:05 PM

Item ID: D2369-3

Accept

95673

Revision ID:

Item Name: Deck Plate Locator Brackets

Start Date: 1/16/2013 Start Qty: 16.00

16

Required Date: 1/31/2013 Req'd Qty: 16.00

16

Reference:

Approvals: Process Plan: *MKF*Date: *1-16-13*

Tooling:

Cust Item ID:

Setup Start ***NS1***

QC:

Date: _____

SPC (Y/N):

Date: _____

Stop ***NS2***Sequence ID/
Work Center IDOperation
DescriptionSet Up/
Run Hours

Tool ID

Tool #

Plan
CodeAccept
QtyReject
QtyReject
NumberInsp.
Stamp

Draw Nbr

Revision Nbr

D2369

Rev A

0.00

100

Waterjet

FLOW WATER JET

0.00

16

0

Jm13-2-1

FLOW CNC Waterjet

*5052 090**Proj: Rev 1A**Dwg: Rev A*

110

QC2- Inspect parts off machine FAI/FAIB

0.00

110

QC

Quality Control

Memo

0.00

16

0

Jm13-2-1

120

QC8- Inspect parts - second check

0.00

120

QC

Quality Control

Memo

0.00

SmB
B-2-4

16

Jm13-2-1

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION		AGAINST DEPARTMENT/PROCESS							
				Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>					
Root Cause		Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description		Sign & Date	Verification	QC Inspector	
Doc/Data	<input type="checkbox"/>												
Equip/Tooling	<input type="checkbox"/>												
Operator	<input type="checkbox"/>												
Material	<input type="checkbox"/>												
Setup	<input type="checkbox"/>												
Other	<input type="checkbox"/>												
Process	<input type="checkbox"/>												
Supplier	<input type="checkbox"/>												
Training	<input type="checkbox"/>												
Unapproved	<input type="checkbox"/>												
FAULT CATEGORY													
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio		<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled	
												<input type="checkbox"/> Other	

Work Order ID 95673

Wednesday, January 16, 2013 12:57:05 PM

95673*ASB & JG* Page 2**Item ID:** D2369-3**Accept*****N900040100*****Setup****Start*****NS1*****Revision ID:****Item Name:** Deck Plate Locator Brackets**Stop*****NS2*****Start Date:** 1/16/2013 **Start Qty:** 16.00***16*****Cust Item ID:****Required Date:** 1/31/2013 **Req'd Qty:** 16.00***16*****Customer:****Reference:****Approvals:** **Process Plan:** *MF***Date:** *1/16/16***Tooling:****Date:****Run****Start*****NR1*****QC:****Date:****SPC (Y/N):****Date:****Stop*****NR2*****Sequence ID/
Work Center ID**

130

130

Small Fab

Small Fab

**Operation
Description**

Small Tab

**Set Up/
Run Hours****Tool ID****Tool #****Plan
Code****Accept
Qty****Reject
Qty****Reject
Number****Insp.
Stamp**

0.00

Memo

0.00

*NA
SN*

140

140

QC

Quality Control

QC5- Inspect part completeness to step on W/O

0.00

Memo

0.00

150

150

Packaging

Packaging

Identify as per dwg & Stock Location: *87*

0.00

Memo

241A

0.00

1/16/14 16

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>				
			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>				
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>				
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											

FAULT CATEGORY

Landing Gear	General							
	Bending <input type="checkbox"/>	Bend <input type="checkbox"/>	Grain <input type="checkbox"/>	Ovalized <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/>			
	Centre Not Concentric to O/S <input type="checkbox"/>	BOM/Route <input type="checkbox"/>	Hardware <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>	Temperature/Cure <input type="checkbox"/>			
	Cracks <input type="checkbox"/>	Broken/Damaged <input type="checkbox"/>	Inspection Incomplete <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>	Weld <input type="checkbox"/>			
	Crushed/Crimped <input type="checkbox"/>	Burrs <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>	Wrong Stock Pulled <input type="checkbox"/>			
	Cuffs <input type="checkbox"/>	Contamination <input type="checkbox"/>	Maintenance <input type="checkbox"/>	Part Moved <input type="checkbox"/>				
	Heat Treat <input type="checkbox"/>	Countersink <input type="checkbox"/>	Mislabeled <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>				
	Inspection Strip in Tube <input type="checkbox"/>	Cut Too Short <input type="checkbox"/>	Misread <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>				
	Ripples in Bend <input type="checkbox"/>	Drill Holes <input type="checkbox"/>	Offset <input type="checkbox"/>		Other <input type="checkbox"/>			
	Torque Waves in Extrusion <input type="checkbox"/>	Drawing <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>					
	Turning Sequence <input type="checkbox"/>	Finish <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>					
	Wave/Twist in Tube <input type="checkbox"/>	Folio <input type="checkbox"/>	Outside Dimensions <input type="checkbox"/>					

Work Order ID 95673

Wednesday, January 16, 2013 12:57:05 PM

95673

Page 3

Item ID: D2369-3

Accept

N900040100

Setup

Start

NS1

Revision ID:

Item Name: Deck Plate Locator Brackets

Stop

NS2

Start Date: 1/16/2013 Start Qty: 16.00

16

Cust Item ID:

Required Date: 1/31/2013 Req'd Qty: 16.00

16

Customer:

Reference:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2Sequence ID/
Work Center IDOperation
DescriptionSet Up/
Run Hours

Tool ID

Tool #

Plan
CodeAccept
QtyReject
QtyReject
NumberInsp.
Stamp

160

160

QC

Quality Control

Memo

0.00

13/2/15 

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: Date: ~

QA Closed: _____ Date: _____

Picklist Print

Friday, February 01, 2013 1:10:01 PM

Page 1

Work Order ID: 95673**Parent Item:** D2369-3**Parent Item Name:** Deck Plate Locator Brackets**Start Date:** 1/16/2013**Required Date:** 1/31/2013**Start Qty:** 16.00**Required Qty:** 16.00

Comments: IPP Rev A Removed from 9 Digit 05-12-05 JLM
 IPP Rev:B Now on Waterjet 07-05-28 JLM

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
M5052H32S.040 5052-H32 .040 Sheet		Purchased	No			110	sf	79.0000	1.354	22.804211 23			

Location	Loc Qty	Loc Code
MAT022	79.000045	
I22406	15.000045	
I24445	64	124445

DART AEROSPACE LTD	Work Order:	95673
Description: Deck Plate Locator Bracket	Part Number:	D2369-3
Inspection Dwg: D2369	Rev: A	Page 1 of 1

FIRST ARTICLE INSPECTION CHECKLIST

X First Article Prototype

Measured by:	Jm	Audited by:	5mP	Prototype Approval:	N/A
Date:	13-2-1	Date:	13-2-1	Date:	N/A

Rev	Date	Change	Revised by	Approved
A	04.06.25	New Issue	P/O D350-616-015	KJ/JLM <i>[Signature]</i> <i>[Signature]</i>

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

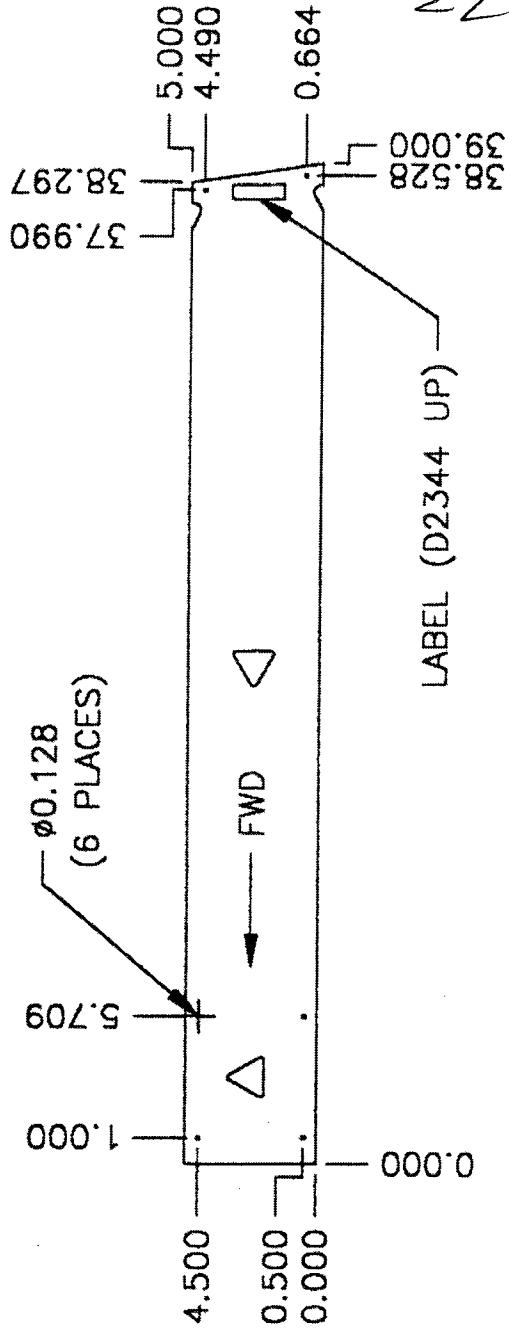
DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____		DISPOSITION			AGAINST DEPARTMENT/PROCESS					
Part No. _____		Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Use-as-is <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>		
NCR No. _____		Work Order Update <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>			
NCR No. _____		Large Fab <input type="checkbox"/>	Finishing <input type="checkbox"/>	Composite <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Supplier <input type="checkbox"/>			
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data										
Equip/Tooling										
Operator										
Material										
Setup										
Other										
Process										
Supplier										
Training										
Unapproved										
FAULT CATEGORY										
Landing Gear	General									
	Bending	<input type="checkbox"/>	Bend	<input type="checkbox"/>	Grain	<input type="checkbox"/>	Ovalized	<input type="checkbox"/>	Pressure/Forced	
	Centre Not Concentric to O/S	<input type="checkbox"/>	BOM/Route	<input type="checkbox"/>	Hardware	<input type="checkbox"/>	Over/Under tolerance	<input type="checkbox"/>	Temperature/Cure	
	Cracks	<input type="checkbox"/>	Broken/Damaged	<input type="checkbox"/>	Inspection Incomplete	<input type="checkbox"/>	Part Incorrect	<input type="checkbox"/>	Weld	
	Crushed/Crimped	<input type="checkbox"/>	Burrs	<input type="checkbox"/>	Instructions Incomplete/Unclear	<input type="checkbox"/>	Part Lost/Missing	<input type="checkbox"/>	Wrong Stock Pulled	
	Cuffs	<input type="checkbox"/>	Contamination	<input type="checkbox"/>	Maintenance	<input type="checkbox"/>	Part Moved	<input type="checkbox"/>		
	Heat Treat	<input type="checkbox"/>	Countersink	<input type="checkbox"/>	Mislabeled	<input type="checkbox"/>	Positioned Wrong	<input type="checkbox"/>		
	Inspection Strip in Tube	<input type="checkbox"/>	Cut Too Short	<input type="checkbox"/>	Misread	<input type="checkbox"/>	Power Loss/Surge	<input type="checkbox"/>		
	Ripples in Bend	<input type="checkbox"/>	Drill Holes	<input type="checkbox"/>	Offset	<input type="checkbox"/>	Other	<input type="checkbox"/>		
	Torque Waves in Extrusion	<input type="checkbox"/>	Drawing	<input type="checkbox"/>	Out of Calibration	<input type="checkbox"/>		<input type="checkbox"/>		
	Turning Sequence	<input type="checkbox"/>	Finish	<input type="checkbox"/>	Out of Sequence	<input type="checkbox"/>		<input type="checkbox"/>		
	Wave/Twist in Tube	<input type="checkbox"/>	Folio	<input type="checkbox"/>	Outside Dimensions	<input type="checkbox"/>		<input type="checkbox"/>		

DARTCOPY 2
2000

DESIGN B. WILLIAMS	DRAWN BY B. WILLIAMS	DART AEROSPACE LTD VICTORIA INTERNATIONAL AIRPORT, CANADA
CHECKED <i>dw</i>	APPROVED <i>dw</i>	DRAWING NO. D2369
DATE 95:02:20		TITLE SCALE DECK PLATE LOCATOR BRACKETS 1:7

RELEASED
196 06 10

D2369-3

MATERIAL: 5052-H34 0.040 THICK

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Use-as-is <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>		
Part No. _____					Work Order Update <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>		
NCR No. _____						Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>		
						Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>			
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear				General							
<input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions				
							<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Other				